

7007 0710 0000 8134 2916

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Postmark
Here

Sent To *GRADUAL TAYLOR*
Street, Apt. No.;
or PO Box No.
6410 RED BANK RD.
City, State, ZIP+4
Cir. OH. 45213-1912

PS Form 3800, August 2006

See Reverse for Instructions